

Registration District No. 28

Primary Registration District No. 3881

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Belle Mo. R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 1/2 hours
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME Charles Aberle
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. July 16 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 16 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Constantine Aberle
13. Birthplace Cher Germany
(City, town, or county) (State or foreign country)
14. Maiden name J. Rosena Kaer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Constantine Williams

(b) Address Belle Mo

17. (a) Burial (b) Date thereof 5-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director Glyde Merton

(b) Address Liberty Mo

19. (a) May 10 1943 (b) F. A. Dubois
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Osage
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Inactivated
Ribs on lower right side
puncturing lung causing
Due to Internal Hemorrhage
Inactivated Shell
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence May 2, 1943

(c) Where did injury occur? Jefferson Township, Osage Co.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3 miles northwest of Sumner, Mo. on Highway

(Specify type of place) (e) Means of injury See note

23. Signature Dr. W. W. Williams (M. D. or other)

Address Windsor, Mo. Date signed 5/4/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Verdict of Coroners Jury:

after having heard the evidence, & upon full inquiry concerning the facts & a careful examination of said body, do find that the deceased came to his death —

Accidentally -

From all circumstantial evidence brought before this jury we believe the following

1) That a Buck Sheep was instrumental in his death.

2) That his injuries were caused by this alone mentioned Buck Sheep.

3) That this Buck Sheep is owned by

John B. Blevins